Dr Ammar Ahmad

Quality Report

The Elms Surgery
36 The Avenue
Watford
Hertfordshire
WD17 4NT
Tel: 01923 224203
Website: www.theelmssurgery.co.uk

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Ammar Ahmad on 19 January 2017. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- The practice undertook appropriate recruitment checks including references and professional registration checks.
- The practice had a comprehensive business continuity plan in place for major incidents.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice offered extended hours appointments, including weekend appointments through the Watford Care Alliance.

The areas where the provider should improvements are:

Summary of findings

- Continue to identify and support carers in their patient population.
- Ensure improvement to childhood immunisations and cervical screening rates.
- Continue to monitor and ensure improvement to the results from the national GP patient survey.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events including 'near miss' events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support an explanation and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice undertook appropriate recruitment checks including references and professional registration checks.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included details of emergency accommodation to be used in the event of an incident at the practice and emergency contact numbers for staff and key contractors.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c was 64 mmol/mol or less in the preceding 12 months was 87% above the CCG average of 77% and the national average of 78%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- The practice were pro-active in offering patients referrals to weight management and exercise groups for example the 'Shape up Herts' programme for men sponsored by Watford Football Club.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. Results from the national GP patient survey in July 2016 showed patients felt they were not always treated with compassion, dignity and respect. For example:

- 83% of patients said the GP was good at listening to them compared to the Herts Valley Clinical Commissioning Group (CCG) average of 91% and the national average of 87%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 66% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% national average of 82%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.

The practice had developed action plans to address the lower results which included offering patients a questionnaire to complete after a consultation and giving them a hand held care plan to take away.

- We saw evidence of a strong patient centric culture and staff informed us that they were committed to provide high quality, personalised care for patients.
- Patients we spoke to and comments cards received said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- The practice held a register of carers, at the time of the inspection there were 24 patients on the register, approximately 0.5% of the total practice list size.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

Summary of findings

- Practice staff reviewed the needs of its local population and engaged with NHS England and Herts Valley Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice offered a range of enhanced services such as avoiding unplanned admissions to hospital and dementia reviews.
- Patients said they found it easy to get an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. For example,
- 82% of patients were satisfied with the practice's opening hours above the CCG average of 77% and the national average of 76%.
- 89% of patients said they could get through easily to the practice by phone above the CCG average of 78% and the national average of 73%.
- The practice offered bookable extended hours appointments and telephone consultations if required.
- Patients had access to Community Navigators via the practice. This was a locality scheme set up in order to enable medical and social care professionals to support individuals that may need extra help and put them in contact with community organisations who could provide them with assistance to address their medical and social needs.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice held a register of patients with dementia and of the 31 patients on the register 29 had received a review in the last 12 months.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk for example, monitoring National Patient Survey results.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on and had a patient participation group (PPG). They communicated practice news, gathered information and received feedback from patients through a variety of routes including the practice newsletter and social media.
- There was a comprehensive schedule of meetings held in the practice including those for reviewing unplanned admissions, significant events and safeguarding.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Good

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked with other health and social care professionals to understand and meet the range and complexity of older patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.
- Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients in this group.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients requiring end of life care received support from GPs who worked in close liaison with community support teams to ensure patients needs were met.
- One of the GPs carried out regular visits to the local hospice and worked closely with staff managing palliative patients.
- Early screening was undertaken for long term conditions including pre-diabetes screening and NHS Health Checks.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

Good

The practice is rated as requires improvement for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates for the standard childhood immunisations were low. For example, rates for the vaccinations given to under two year olds ranged from 79% and 86% (national average 90%) and five year olds from 63% to 70% (CCG averages, 94% to 95%, national averages 88% to 94%).
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 years whose notes recorded that a cervical screening test had been performed in the preceding five years was 72%, which was comparable to the CCG average of 82% and the national average of 81%. The practice was actively encouraging patients to attend cancer screening appointments and there were posters in the waiting area.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors. The community midwife held weekly clinics at the practice.
- Safeguarding information regarding children was shared with health visitors and the local authority for children who may be at risk.
- Following A&E attendance, parents and guardians of children aged 0 to 4 years were contacted by a GP to review the reasons for attendance.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Summary of findings

- 52% of patients aged 60-69 years had been screened for bowel cancer in the preceding 30 months, where the CCG average was 57% and the national average was 58%.
- 73% of female patients aged 50 to 70 years had been screened for breast cancer in the preceding 3 years, where the CCG and national averages were 72%.
- There were a number of access routes to the practice, for example, the use of the online booking system for appointments including those outside of normal surgery hours. Patients were also able to book a telephone appointment.
- Extended hours and evening telephone consultation appointments were available on Tuesdays until 8pm. Emergency telephone consultations were available daily.
- The practice offered the Men ACWY vaccine to young teenagers and first year students going to university to protect them against meningitis (an inflammation of the lining of the brain) and septicaemia (blood poisoning).
- The practice had enrolled in the Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- An in- house physiotherapy clinic operated twice each week.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a register of patients with learning disabilities and at the time of inspection there were 12 patients registered.
- Patients with learning disabilities were offered annual reviews which included a health assessment, medication review and an up to date health plan, 10 patients had received a health check in the last 12 months.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

- The practice held a register of carers, at the time of the inspection there were 24 patients on the register, approximately 0.5% of the total practice list size.
- A monthly Carers 'Drop in' session was offered to all patients.
- Vulnerable patients were highlighted on the clinical system. GPs monitored the status of these patients and any further risk factors they encountered and if identified as high risk, their details were passed on to the local safeguarding team.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The number of patients with diagnosed psychoses who had a comprehensive agreed care plan was 94%, above the CCG average of 92% and the national average of 89%.
- Patients with mental ill health were routinely monitored and an annual health review was offered.
- Patients who had more complex psychological or mental health illnesses were offered an extended appointment.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Information was available in the waiting area in the form of leaflets and posters along with links to videos and national groups on the practice website.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- 92% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, above the CCG average of 85% and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Summary of findings

What people who use the service say

The most recent national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 308 survey forms were distributed and 107 were returned. This represented a response rate of 35%, approximately 2.4% the practice's patient list.

- 89% of patients found it easy to get through to this practice by phone compared to the CCG average of 78% and the national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 79% and the national average of 76%.
- 81% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 72% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 85% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received five comment cards which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three patients during the inspection. All the patients we spoke with said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The practice also sought patient feedback by utilising the NHS Friends and Family test (FFT), (FFT is an opportunity for patients to provide feedback on their experiences of the services provided). Results from January 2016 to January 2017 showed that 93% (26 of the 28 responses received) of patients who had responded were either 'extremely likely' or 'likely' to recommend the practice. The practice recognised that the number of responses received were low and was actively encouraging patients to complete more forms via the website and information located in the practice.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should improvements are:

- Continue to identify and support carers in their patient population.
- Ensure improvement to childhood immunisations and cervical screening rates.
- Continue to monitor and ensure improvement to the results from the national GP patient survey.

Dr Ammar Ahmad

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector supported by a GP specialist advisor.

Background to Dr Ammar Ahmad

The Elms Surgery provides a range of primary medical services from its town centre location at The Avenue, Watford, Hertfordshire. The practice area covers mainly Central Watford but extends to North Watford, Garston & Bushey.

The practice serves a population of approximately 4,796 patients with considerably higher than average populations in the 0 to 4 years and 25 to 39 years age range and slightly lower than average population of patients aged 5 to 19 years and 45 to 74 years. The practice population is largely White British with a small mixed ethnic population and a recent increase in patients from Eastern Europe. National data indicates the area is one of low deprivation and low unemployment in comparison to England as a whole.

The clinical team consists of the lead GP (male), a female salaried GP, two practice nurses and two health care assistants. The team is supported by a practice manager and a team of reception and administration staff.

The practice holds a General Medical Services (GMS) contract for providing services, which is a nationally agreed contract between general practices and NHS England for delivering primary medical services to local communities.

The practice operates from a two storey converted house and patient consultations and treatments take place on both the ground and first floors. There is a small car park outside the surgery with additional parking available close by permitting one hour free parking.

The Elms Surgery is open between 8am and 6.30pm Monday to Friday and appointments are available during these times daily. Extended hours appointments are offered on Tuesday evenings until 8pm.

The practice is part of the Watford Care Alliance (WCA). The Watford Care Alliance was formed in 2014 with funding from the Prime Ministers Challenge Fund, initially a group of 11 GP practices who came together to collectively consider improved primary care services and access for patients, other local practices have since joined. WCA offers extended access to appointments in the evenings and at weekends and also provides an integrated health and social care team, doctor and a phlebotomy service that operates at weekends.

The out of hours service is provided by Herts Urgent Care and can be accessed via the practice telephone number. Information about this is available in the practice and on the practice website and telephone line.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 19 January 2017. During our inspection we:

- Spoke with a range of staff including GPs, nurses, the practice manager, a number of administration staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people.
- People with long-term conditions.
- Families, children and young people.
- Working age people (including those recently retired and students).
- People whose circumstances may make them vulnerable.
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, an explanation and a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- There was an effective system in place for reporting and recording significant events including 'near miss' events. The practice maintained a log of these and they were discussed as a standing item on the agenda at practice meetings, to ensure that lessons learnt were shared and monitored. The practice carried out an analysis of significant incidents and 'near miss' events, to identify trends, consider areas for improvement and learning and to highlight good practice. For example, we saw evidence that when an incident had occurred regarding an immunisation, a thorough investigation was undertaken and recorded by the practice. An analysis of the event was carried out and changes were made to protocols to reduce the risk of the incident happening again.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. Alerts were handled by the practice manager who ensured that appropriate action was taken and records were kept. We saw evidence that appropriate action was taken to improve safety in the practice. For example, on receipt of an alert regarding a prescription medicine used to treat very low blood sugar (severe hypoglycaemia that can happen in people who have diabetes and use insulin). We saw evidence that a report had been created to identify all patients issued with this medicine. Patients were identified, contacted and advised to take the medicine to a pharmacy and obtain a replacement.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding with a buddy system in place if they were not available. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice manager was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, the most recent in March 2016. We saw evidence that action was taken to address improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe. This included obtaining, prescribing, recording, handling, storing, security and disposal.

Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistants (HCAs) were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception area and practice managers office, which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly; the last check had been completed in September 2016. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Water testing was undertaken by the practice manager and we saw evidence that this was undertaken regularly in line with regulations.
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff provided cover for each other and locum GPs were used as required.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. All staff received annual basic life support training.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included details of emergency accommodation to be used in the event of an incident at the practice and emergency contact numbers for staff and key contractors. Copies were kept off site by lead staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice used an electronic system to access clinical guidelines pathways and safety alerts. New guidance and changes in practice were discussed during clinical meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example the practice regularly reviewed the records of patients with diabetes, dementia, mental illness, high blood pressure (hypertension) and those needing palliative care to ensure adherence to good practice guidelines.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available, compared to the local Herts Valley Clinical Commissioning Group (CCG) average of 96% and the national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

Performance for diabetes related indicators were above the local Herts Valley CCG and national averages. For example:

- The percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c was 64 mmol/mol or less in the preceding 12 months was 87% which was above the CCG average of 77% and the national average of 78%. Exception reporting for this indicator was 24% compared to a CCG average of 12% and national average of 13 % (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The exception rate was higher than the local and national average for one of the QOF diabetes indicators. We checked this along with the exception reporting process and saw that the practice had an effective recall system in place and a systematic and appropriate approach to exception reporting.

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 91% which was above the CCG average of 77% and the national average of 78%.Exception reporting for this indicator was 6% compared to a CCG average of 10% and national average of 9%.

Performance for mental health related indicators was higher than the local CCG and national averages. For example,

- 92% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG average of 85% and the national average of 84%. Exception reporting for this indicator was 0% compared to the CCG average of 6% and national average of 7%.
- The number of patients with diagnosed psychoses who had a comprehensive agreed care plan was 94%, which was above the CCG average of 92% and the national average of 89%. Exception reporting for this indicator was 0% compared to the CCG average of 10% and national average of 13%.

There was evidence of quality improvement including clinical audit.

- There had been seven clinical audits undertaken in the last two years, all were completed audits where the improvements made had been implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice had completed an audit of patients with atrial fibrillation (a heart condition that causes an irregular and often abnormally fast heart

rate); to ensure patients who were prescribed a certain medicine received the appropriate blood tests and monitoring. The first cycle carried out in April 2015 showed that 60% of patients had received appropriate monitoring. The practice put in place new procedures which included a new recall system for contacting patients to attend review appointments, closely monitoring patients who did not attend. A log was kept for discussion at a weekly meeting with the GPs. The second cycle of this audit completed in September 2016 showed 94% of patients had received appropriate monitoring, demonstrating there had been improvements made in the treatment and monitoring of patients with this condition.

Effective staffing

- Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, those reviewing patients with long-term conditions such as diabetes, COPD (Chronic Obstructive Pulmonary Disease) and cardiac disease, attended study days, conferences and external events.
- The GPs and practice manager attended locality management group meetings arranged by the Clinical Commissioning Group (CCG). These meetings gave updates on care pathways, new clinical guidelines and services available.
- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. There was also an information pack available for locums which included details of how to access the clinical system, contact details for external service and referral routes that the practice used.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of an online training package to support mandatory training, e-learning training modules and in-house training.

Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. The practice shared relevant information with other services in a timely way, for example when referring patients to other services and with the out of hours service. We were told that communicating information was particularly pertinent to palliative care patients.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly or bi-monthly basis when care plans were routinely reviewed and updated for patients with complex needs.
- End of life care planning was reviewed and palliative care plans shared with the out of hours service where appropriate. Vulnerable patients, patients at risk and those on the palliative care register were prioritised through a flag on the clinical system. These patients were discussed at clinical practice meetings as required.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Good

Are services effective?

(for example, treatment is effective)

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, were signposted to the relevant service. Smoking cessation advice was available at the practice.
- The practice were pro-active in offering patients referrals to weight management and exercise groups for example the 'Shape up Herts' programme for men sponsored by Watford Football Club.
- Flexible appointments were available for child immunisations.
- Contraception and in-house family planning services were offered or patients were signposted to local services where necessary.
- Immunisation for influenza and pneumococcal vaccinations were available at the practice.

The practice's uptake for the cervical screening programme was 72%, which was below the CCG average of 82% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and clinical staff reminded patients of the importance of screening. There was also information leaflets and posters in the waiting area. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice encouraged patients to attend screening by sending reminders for non attendance and discussing the importance of this during consultations.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data published in March 2015 showed that:

- 52% of patients aged 60-69 years had been screened for bowel cancer in the preceding 30 months, where the CCG average was 57% and the national average was 58%.
- 73% of female patients aged 50 to 70 years had been screened for breast cancer in the preceding 3 years, where the CCG and national averages were 72%.

Childhood immunisation rates for the vaccinations given were below CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 79% and 86% (national average 90%) and five year olds from 63% to 70% (CCG averages, 94% to 95%, national averages 88% to 94%).

The practice recognised the childhood immunisation results were low and to address this had, and continued to work with local schools and attend community events to encourage parents to have their children immunised.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients from 40 to 74 years of age. The practice had invited 921 patients since January 2016 for NHS health checks and also targeted a number of patients opportunistically which had resulted in 620 checks (67%) being carried out by December 2016. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors for patients developing long term conditions were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients we spoke to on the day told us that they were able to see the GP of their choice.

We spoke with a member of the patient participation group (PPG) who told us that the practice provided good quality care, patients felt listened to and involved in all aspects of their care. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Recent results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice results were lower for its satisfaction scores on consultations with GPs and comparable with local averages for consultation with nurses. For example:

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 87%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 80% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 92%.
- 71% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

The practice were aware that some of the results were low. During the inspection these were discussed at the length. The results had been discussed this with staff and they had developed action plans to address some of the issues. For example, patients were now given a copy of their care plan on leaving an appointment. The practice has also had undertaken a survey for patients to complete after each consultation and reported that a high percentage of patients were highly satisfied with the care and treatment given.

The practice were aware that some of the results were low and had undertaken an internal audit to gather patient feedback and made changes to the appointments structure to address this.

Care planning and involvement in decisions about care and treatment

Patients we spoke to on the day told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Recent results from the national GP patient survey showed patients responded, in the main positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 73% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 66% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% national average of 82%.

Good

Are services caring?

- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

The NHS Choices results showed high levels of satisfaction for patients who felt they were treated with dignity and respect, felt involved in decisions about their care and they were provided with accurate information.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The practice team was multilingual which also supported patients.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

- Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.
- The practice had an alert on the clinical system to identify if patients required face to face interpreting support and a longer appointment.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 24 patients as carers (approximately 0.5% of the practice list). The practice recognised that this figure was low and had identified a 'Carers Champion' who patients could go to for advice and support. Written information was available to direct carers to the avenues of support available to them and there was a range of information on the practice website which identified what a carer is and an online form for patients to complete. A monthly Carers 'Drop in' session was offered to all patients.
- The practice offered appropriate referrals to Herts Help, a telephone service that provided independent free information and advice on local community services. In addition access was available to Community Navigators. This was a locality scheme set up in order to enable medical and social care professionals to support individuals that may need extra help and put them in contact with community organisations who could provide them with assistance to address their social needs.
- Staff told us that if families had suffered bereavement, the GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- The practice reviewed the needs of its local population and engaged with NHS England and Herts Valley Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice offered a range of enhanced services such as avoiding unplanned admissions to hospital and dementia diagnosis. Care plans were completed for patients on the admission avoidance scheme that identified the top 2% of the practice list who were most at risk of an unplanned hospital admission. All patients considered to be at risk had a care plan in place.
- The practice offered extended hours appointments on Tuesday evenings until 8pm.
- The practice held a register of patients with learning disabilities and of the 12 on the register 10 had received a review in the last 12 months.
- The practice worked closely with the learning disabilities liaison nurse, staff had undergone specific training to raise awareness of this group of patients and there were a wide variety of easy read leaflets available including mental capacity and best interests decisions.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice held a register of patients with dementia and of the 31 patients on the register 29 had received a review in the last 12 months.
- Patients were able to receive travel vaccinations available on the NHS, patients were referred to other clinics for vaccines available privately.
- The practice offered the Men ACWY vaccine to young teenagers and first year students going to university for the first time to protect them against meningitis (an inflammation of the lining of the brain) and septicaemia (blood poisoning).
- There were disabled facilities, a hearing loop and translation services available.
- Annual health checks were offered to carers.
- All patients over 75 years had a named GP.
- In October 2016 the practice hosted an Elderly Care & Dementia Event for patients offering information on help and support available.
- Daily urgent telephone consultation slots were available.
- The practice had enrolled in the Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- An in- house physiotherapy clinic operated twice each week.
- Patients could be referred or self-refer to counselling services.
- The practice had nurse led consultations and regular reviews for patients with long term conditions with a structured recall system.
- Early screening was undertaken for long term conditions including pre-diabetes screening and NHS Health Checks.
- Additional appointments after 4pm were reserved for urgent appointments for children to coincide with parents picking them up from school.
- If children aged 0 to 4 years attended A&E, upon receiving the Out of Hours or discharge summary, their parents/guardians were given a telephone consultation appointment to assess the problem.
- The practice carried out reviews through a proactive recall approach for patients experiencing depression and anxiety.

Access to the service

The Elms Surgery was open between 8am and 6.30pm Mondays to Fridays and appointments were available during these times. Extended hours appointments were offered on Tuesday evenings until 8pm.

The practice was also part of the Watford Care Alliance (WCA) and offered appointments on Saturdays and Sundays every two weeks to patients on the practice list and those registered at other practices in the scheme. Through WCA an integrated health and social care team and a phlebotomy service were available.

The out of hours service was provided by Herts Urgent Care and accessed via the practice telephone number. Information about this was available in the practice and on the practice website and telephone line.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Recent results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were above the local and national averages.

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 89% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Requests were received by receptionists and managed by the GP who would action them appropriately. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Leaflets were available in the waiting area and details were on the practice website.

We looked at nine complaints received from April 2016 to January 2017 and found these had been dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, we saw that when the practice received a complaint from a patient who was dissatisfied with the treatment they received, the practice discussed the complaint and reviewed its protocols following the incident to reduce the risk of recurrence.

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice had submitted a successful bid for the Estates and Technology Transformation Fund (ETTF) to develop a new location. A planning application had been sent for approval to the Local Council.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people an explanation, information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, assisted the practice in devising patient questionnaires and submitted proposals for improvements to the practice management team. For example, the group suggested an in-house physiotherapy clinic, which the practice facilitated and had been well received. A virtual PPG was being developed and the practice had supported this by creating a dedicated email address for the group. The practice had introduced a newsletter; the first edition was published and circulated in December 2016.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.